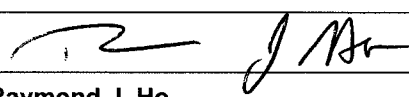


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/549,646 Conf. 8067
	Filing Date	September 20, 2005
	First Named Inventor	Teunis A. Kassenaar
	Art Unit	2873
	Examiner Name	J.T. Stultz
Total Number of Pages in This Submission	Attorney Docket Number	32350-258534

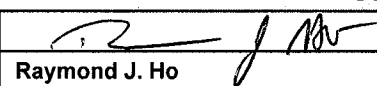
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input checked="" type="checkbox"/> Petition for (a 2-mo.) Extension of Time <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Raymond J. Ho		
Date	8/18/08	Reg. No.	41,838

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/549,646
		Filing Date	September 20, 2005
		First Named Inventor	Teunis A. Kassenaar
		Examiner Name	J.T. Stultz
		Art Unit	2873
TOTAL AMOUNT OF PAYMENT		(\$)	1,150.00
		Attorney Docket No.	32350-258534

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account		Deposit Account No.: 22-0261		Deposit Account Name: Venable LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
_____ - 20 = _____		x _____ = _____	_____		Fee (\$) Fee Paid (\$) _____ _____		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____ - 3 = _____		x _____ = _____	_____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____		/50 = _____ (round up to a whole number) x _____ = _____					
4. OTHER FEE(S)							
						Fees Paid (\$)	
Other (e.g., late filing surcharge):		Request for Continued Examination (RCE)				810.00	
		Petition for (a 2-mo.) Extension of Time*				340.00 *	

* \$120.00 paid on July 17, 2008 (with a Request for a 1-mo. Extension of Time).

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	41,838
Name (Print/Type)	Raymond J. Ho	Telephone	(703) 760-1681
		Date	8/18/08